

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Darnell Green

Write the full name of each plaintiff.

18 CV 1745

(Include case number if one has been assigned)

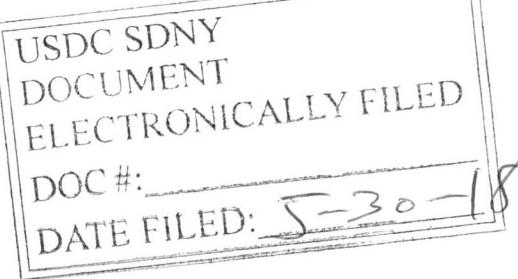
-against-

J. Garcia, F. Polito, A. Cefaloni,
P. Weber, Osborne, John Doe #1,
John Doe #2

**AMENDED
COMPLAINT**
(Prisoner)

Do you want a jury trial?

Yes No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

DEFENDANT AND SERVICE ADDRESS

James Garcia
Correctional Officer
Green Haven Correctional Facility
594 Route 216
Stormville, New York 12582-0010

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Darnell C Green
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

5 point^s Correctional facility
Current Place of Detention

State Route 96, P.O. Box 119
Institutional Address

Romulus New York 14541
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

Form 2124

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
USE OF FORCE REPORT

There are other reports filed under this Use of Force Log #

FACILITY	Green Haven	Incident Date:	1/4/2016	Facility Use of Force Log #	1 6 - 0 0 0 2
Incident Location	Admin strip frisk room	Incident Time:	5:30am	If Unusual Incident, CCC Log #	1 6 ## 0 0 3

PART A - REPORT OF INCIDENT

INMATE INVOLVED	Name	DIN	Cell/Cube Location	Role Code *
Green, D		15I0019	SHU-16	03

- * 01 Bystander
- 02 Participant
- 03 Perpetrator
- 04 Suspect
- 05 Victim
- 06 Witness

STAFF INVOLVED	Name	Title
1.		Sergeant
2.		Officer
3.		Officer
4.	6.	Officer
5.	7.	Officer

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	James	Garcia	
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	594 Route 216		
	Current Work Address		
	Stormville	newyork	12582
	County, City	State	Zip Code
Defendant 2:	O'Sonne		
	First Name	Last Name	Shield #
	Sergeant		
	Current Job Title (or other identifying information)		
	594 Route 216		
	Current Work Address		
	Stormville	newyork	12582
	County, City	State	Zip Code
Defendant 3:	F	polito	
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	594 Route 216		
	Current Work Address		
	Stormville	newyork	12582
	County, City	State	Zip Code
Defendant 4:	A	Cefaloni	
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	594 Route 216		
	Current Work Address		
	Stormville	newyork	12582
	County, City	State	Zip Code

Defendant 5:

P	Weber	
First name	Last name	Shield #
Correctional Officer		
Current job title (or other identifying information)		
594 Route 21b		
Current work address		
Stormville	New York	12582
County/city	State	Zip code

Defendant 6:

John	Doe #1	
First name	Last name	Shield #
Correctional Officer		
Current job title (or other identifying information)		
594 Route 21b		
Current work address		
Stormville	New York	12582
County/city	State	Zip code

Defendant 7:

John	Doe #2	
First name	Last name	Shield #
Correctional Officer		
Current job title (or other identifying information)		
594 Route 21b		
Current work address		
Stormville	New York	12582
County/city	State	Zip code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Green Haven Strip frisk room

Date(s) of occurrence: Jan, 4 2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On Jan, 4 2016 at green haven Correctional facility i was being escorted to a Strip frisk room to be handed over to my court escort upon completion of Boss chair is when everything started, I was grabbed and held in place by two officers one one each side while Sergeant Osborne cocked his baton all the way back took a second to carefully aim and cracked me in my head with every ounce of strength he had then officer Garcia followed up by repeatedly punching me in my face while screaming curse word after each punch meanwhile i was feeling punches in my sides from the two officers who where still just holding me in place while C.O Garcia continued to repeatedly strike me in my face and head then two more officers entered the room and immediately followed officer Garcia lead and started raining blow's on me all over face, head, Stomach and neck this went on for minutes the one officer decided to hit me in my facial area with his radio then i kept feeling the officers holding me trying to pull me off camera so i forced myself on the ground in front of the camera and placed my arms behind my back because i just wanted it to be over but it wasn't the officer on my back started bending and twisting my fingers

Acting like he was trying to put the cuff's on then i felt kick's in my side's then finally the Sergeant Said Something to the effect of "OK that's enough stop before you kill him" and even then one officer kicked me in my mouth and even though the cuff's was already on the officer on my back was still acting like he was putting them on while still bending my finger's; ~~I~~ received injuries from each and every last one of these act's and there is pictures and medical record's to prove just that also the whole incident is on camera and audio and i had to be taken to outside hospital

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I had bump's and knot's all over my face/head, i can't see anything anymore without glasses, i'm mentally scared and now take mental health medication and i had to get (5) staple's in my head also both my eyes were black and one of them was fully swollen shut and my lip was busted and my nose was bleeding

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Five (5) Million Dollars

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>5-24-18</u>	<u>Darnell Green</u>	
Dated	Plaintiff's Signature	
<u>Darnell</u>	<u>C</u>	<u>Green</u>
First Name	Middle Initial	Last Name
<u>State Route 96, P.O. Box 119</u>		
Prison Address		
<u>Romulus</u>	<u>Newyork</u>	<u>14541</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

5-24-18